Parcel:

31-48-17-08915-104 (43770)

Owner & Property Info

Result: 1 of 1

**CORKUM RONALD CORKUM LORRAINE** 

Owner

177 NORTH RD

DEERFIELD, NH 03037

Site

705 SW BUNN Dr, LAKE CITY

Description\* HAWK'S LANDING LOT 4 WD 1463-1484,

Area

5.16 AC

S/T/R

31-4S-17

Use Code\*\* VACANT (0000)

Tax District 3

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Brent Strickland	PHONE 386-365-7043

### THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

### Ronald Corkum

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name_	Glenn Whittington	Signature
	License #:	EC 13007092	Phone #: 386-972-1700
		Qualifier Fo	orm Attached X
MECHANICAL/	Print Name_	Michael Boland	Signature
A/C	License #:	CAC 1817716	Phone #: 352-351-3926
		Qualifier Fo	orm Attached X

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015



## COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

# LICENSED QUALIFIER AUTHORIZATION

LICENSED QUALIFIE	ER AUTHORIZATION
1. Charl WATTIngton	(license holder name), licensed qualifier
for Whittington ELBENIC ?	Twc(company name), do certify that
the below referenced person(s) listed on this form	
holder, or is/are employed by me directly or through	
officer of the corporation; or, partner as defined i	
person(s) is/are under my direct supervision and	
sign permits; call for inspections and sign subcor	ntractor verification forms on my behalf.
Printed Name of Person Authorized	Signature of Authorized Person
1. WARSUR	1
2. Kecky Fond	2. Souls 1) - S
3.	3.
4.	4.
7.	
5.	5.
I, the license holder, realize that I am responsible	
under my license and fully responsible for compl	
Local Ordinances. I understand that the State ar	
authority to discipline a license holder for violation	
officers, or employees and that I have full respor	
and ordinances inherent in the privilege granted	by issuance of such permits.
If at any time the person(s) you have authorized	is/ara na langar agents, amplayag(s), ar
If at any time the person(s) you have authorized officer(s), you must notify this department in writ	ing of the changes and submit a new letter of
authorization form, which will supersede all previous unauthorized persons to use your name and/or li	
diaditionized persons to use your name and/or i	cense number to obtain permits.
of foun afterthing in	EC 13002957 3/7/16
Licensed Qualifiers Signature (Notarized)	License Number Date
NOTARY INFORMATION:	
STATE OF:COUNTY OF:	Cohmbin
	10. 11/11/ 1 . A
The above license holder, whose name is	me or has produced identification
(type of I.D.) FL DL on	this day of
	,,,
Lion Dlanstop	-
NOTARY'S SIGNATURE	Seal/Stange YR BISHOP
NO INITIONE	Notary Public - State of Florida
	Commission # FF 243986
	My Comm. Expires Jun 24, 2019



## COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFI	ER AUTHORIZATION			
1 MichARIA DOLAND	(license holder name), licensed qualifier			
for ACIE A/L OS OCA/A	ALC (company name), do certify that			
the below referenced person(s) listed on this for	m is/are contracted/hired by me, the license bugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and			
Printed Name of Person Authorized	Signature of Authorized Person			
1. DAIR BAD	1.688			
2. Kally Bishop	2. Kelly Brshop			
3. Rocky Ford	3. Vah, 1) 7 of			
4.	4.			
5.	5.			
I, the license holder, realize that I am responsible under my license and fully responsible for comp Local Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and cons committed by him/her, his/her agents, assibility for compliance with all statutes, codes			
If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or leading to the control of the contro	ing of the changes and submit a new letter of ious lists. Failure to do so may allow			
Licensed Qualifiers Signature (Notarized)	(AC1317716 ESDOODU License Number Date 111715			
STATE OF COUNTY OF COUNTY OF				
The above license holder, whose name is Mig personally appeared before me and is known by (type of I.D.)on	me on has produced identification this day of November 20 5			
MOTARY'S SIGNATURE JOOG	(Seal/Stamp)			



	Installer Brent Strickland Installer Mobile Phone # 386-365-7043  Address of home being installed  Manufacturer If home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home  I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.  Installer's initials  Typical pier spacing  Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)  Typical pier spacing  Installer's initials  Address of home  I understand Lateral Arm Systems (use dark lines to show these locations)	PERMIT NUMBER
within 2' of end of home spaced at 5' 4" oc	Home installed to the Manufacturer's Installation Manual   Home is installed in accordance with Rule 15-C	

Site Preparation

units, but not to the majo power nult-wide units. Pg.	Flectrical	Installer Name  Drivit Struct Out  Drate Tested  L-29-2022  Drate Tested	Note: A state approved lateral arm system is being used and 4 ft.  anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.  Installer's initials  Fire	TORQUE PROBE TEST  The results of the torque probe test is 20 inch pounds or check here if you are declaring 5' anchors without testing A test showing 275 inch pounds or less will require 5 foot anchors.	x 1000 x 1000 x 1000 oft		POCKET PENETROMETER TESTING METHOD  1. Test the perimeter of the home at 6 locations.  2. Take the reading at the depth of the footer.	x 1000 b. soil without testing.
Installer verifies all information given with this permit workshe	Char	Miscellaneous  Skirting to be installed. Yes No	Weatherproofing  The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Type gasket 100 W\ Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Gasket [weatherproofing requirement)  I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are	Roof: Type Fastener: (2005) Length: 61 Spacing: (6)  Roof: Type Fastener: (2005) Length: 61 Spacing: (6)  For used homes a rifin, 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.	Type Fastener: (24) Length: 5 Spacing: 4

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manufacturer's installation instructions and or Rule 15C-1 & 2

aller verifies all illiorimation given with this permit worksheet is accurate and true based on the

Installer Signature

independent water supply systems. Pg.

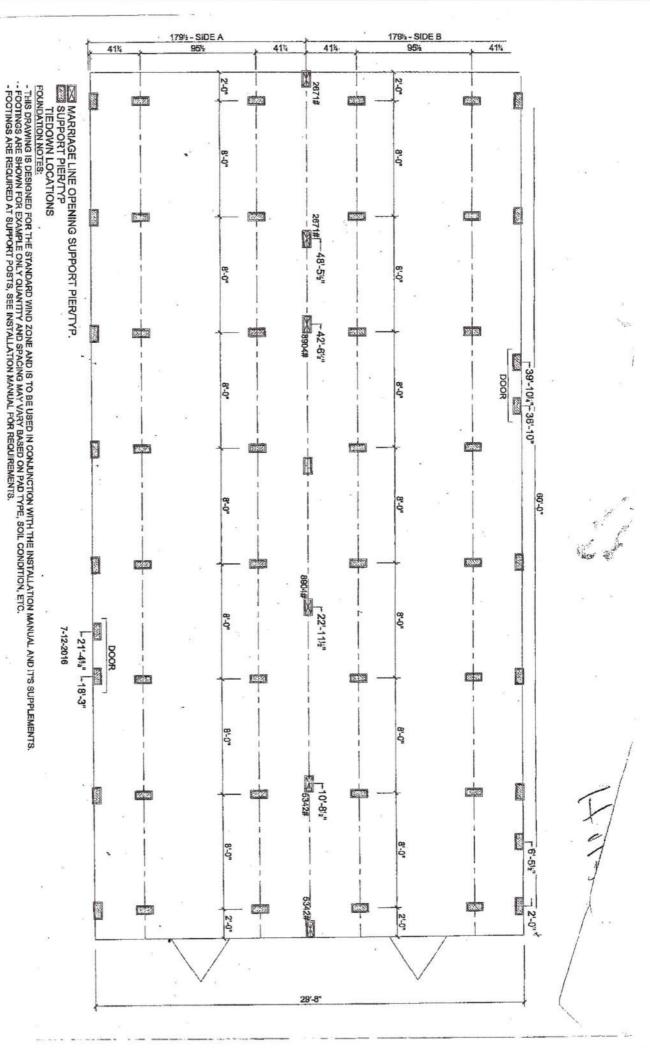
Connect all potable water supply piping to an existing water meter, water tap, or other

Connect all sewer drains to an existing sewer tap or septic tank. Pg.

Plumbing

source Conne

Date 4/29/22



# 3-BEDROOM / 2-BATH MODEL: P-36031 - 32 X 60 Live Oak Homes

- ELECTRICAL CROSSOVER
- (A) MAIN ELECTRICAL
  (B) ELECTRICAL CROSS
  (C) WATER INLET
  (D) WATER CROSSOVE
  (E) GAS INLET (IF ANY)
  (F) GAS CROSSOVER ( WATER CROSSOVER (IF ANY)
  - SEWER DROPS

DUCT CROSSOVER

- © ⊝ ⊕ ⊕ ⊕ ⊕ SUPPLY AIR (WIOPT, HEAT PUMP OH DUCT) RETURN AIR (W/OPT, HEAT PUMP OH DUCT)

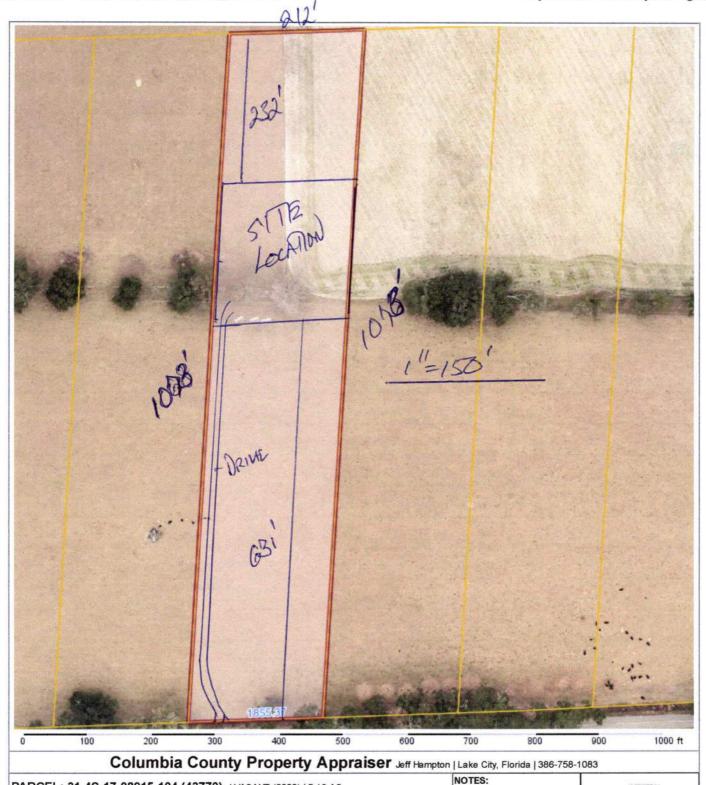
GAS CROSSOVER (IF ANY)

# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permit Application Number		
Cox	zkun part II - SITEPLAN 210		
Scale: 1 inch = 40 feet.	111 1795 3 Q 1021 1795 3 Q 1021 1 102	North 108' 108' 108' 108'	
	of 5.16 ARKS SEE AttachEd		
Site Plan submitted by		CONTRACTOR	
Plan Approved	Not Approved	Date	
Ву		County Health Department	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

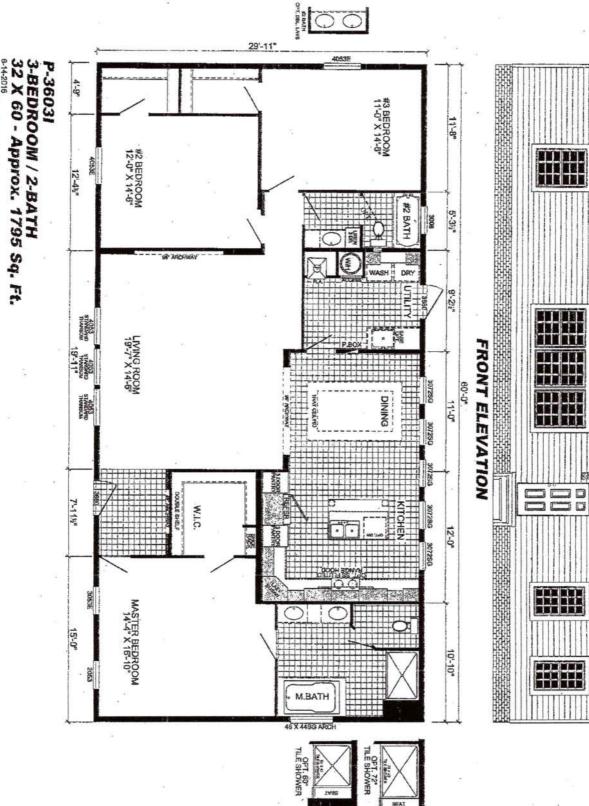


PARCEL: 31-4S-17-08915-104 (43770) | VACANT (0000) | 5.16 AC HAWK'S LANDING LOT 4 WD 1463-1484, **CORKUM RONALD** 2022 Working Values Owner: CORKUM LORRAINE Mkt Lnd \$41,280 Appraised \$41,280 177 NORTH RD Ag Lnd \$0 Assessed \$41,280 DEERFIELD, NH 03037 Bldg \$0 Exempt \$0 705 SW BUNN Dr, LAKE CITY Site: county:\$41,280 **XFOB** \$0 Sales 4/1/2022 \$64,900 V (Q) Total city:\$0 \$41,280 Info Just Taxable other:\$0 Columbia County, FL school:\$41,280

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

# TIC TON



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All room dimensions include closets and square footage figures are approximate. Transom windows are available on optional 9-0" sidewall houses only.



### **Address Assignment and Maintenance Document**

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: 1

10/1/2021 8:03:52 PM

Address:

705 SW BUNN DR

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

31-4S-17-08915-104

REMARKS:

This address is a verified address in the county's addressing system.

Verification ID: 226adb5e-2298-4074-95d4-869f61ec3842

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By:

**GIS Specialist** 

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456